

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 598559

FILING DATE

5-8-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4		2				
5		3				
6		4				
7		5				
8		6				
9		7				
10		8				
11		9				
12		10				
13		11				
14	1					
15		2				
16		3				
17		4				
18		5				
19		6				
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22		9				
23		10				
24		11				
25		12				
26		13				
27	1					
28		2				
29		3				
30	1					
31		2				
32		3				
33		4				
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45		16				
46		17				
47		18				
48		19				
49		20				
50		21				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

OBW